DOCUMENT RESUME

ED 427 467 EC 307 037

TITLE	Guidelines for Documentation of a Learning Disability in Adolescents and Adults.
INSTITUTION	Association on Higher Education and Disability, Columbus, OH.
PUB DATE	1997-07-00
NOTE	9p.
AVAILABLE FROM	AHEAD, P.O. Box 21192, Columbus, OH 43221-0192; Web site: http://www.ahead.org/ldguide.htm ($10).
PUB TYPE	Guides - Non-Classroom (055)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Adolescents; Adults; Clinical Diagnosis; Compliance (Legal); *Disability Identification; Eligibility; Evaluation Methods; Federal Legislation; *Higher Education; *Learning Disabilities; *Student Evaluation
IDENTIFIERS	Academic Accommodations (Disabilities); Americans with Disabilities Act 1990

ABSTRACT

This brief paper offers general guidelines for the documentation of a learning disability in students at the postsecondary level as required under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. The guidelines are organized into four areas: (1) qualifications of the evaluator; (2) recent nature of the documentation; (3) appropriate clinical documentation to substantiate the learning disability, including diagnostic interview, assessment, specific diagnosis, and test score results; and (4) evidence to establish a rationale supporting the need for accommodation. Also noted is the importance of maintaining confidentiality. Appended are recommendations for consumers and a list of tests for assessing adolescents and adults. (DB)

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ED 427 467

GUIDELINES FOR DOCUMENTATION OF A LEARNING DISABILITY IN ADOLESCENTS AND ADULTS

July 1997

The Board of Directors established an Ad Hoc Committee to study issues surrounding the documentation of a learning disability. The Board wishes to thank the members of the AHEAD Ad Hoc Committee on LD Guidelines for their efforts in laying the foundation of these Guidelines for use by the Association's members.

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Guidelines for Documentation of a Learning Disability in Adolescents and Adults

Introduction

In response to the expressed need for guidance related to the documentation of a learning disability in adolescents and adults, the Association on Higher Education And Disability (AHEAD) has developed the following guidelines. The primary intent of these guidelines is to provide students, professional diagnosticians and service providers with a common understanding and knowledge base of those components of documentation which are necessary to validate a learning disability and the need for accommodation. The information and documentation that establishes a learning disability should be comprehensive in order to make it possible for a student to be served in a postsecondary setting.

The document presents guidelines in four important areas: 1) qualifications of the evaluator, 2) recency of documentation, 3) appropriate clinical documentation to substantiate the learning disability, and 4) evidence to establish a rationale supporting the need for accommodations.

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, individuals with learning disabilities are guaranteed certain protections and rights of equal access to programs and services; thus the documentation should indicate that the disability substantially limits some major life activity. The following guidelines are provided in the interest of assuring that LD documentation is appropriate to verify eligibility and to support requests for accommodations, academic adjustments and/or auxiliary aids. It is recommended that postsecondary institutions using these

guidelines consult with their legal counsel before establishing a policy on documentation relating to individuals with disabilities. In countries not regulated by this legislation further modification may be appropriate.

These guidelines are designed to be a framework for institutions to work from in establishing criteria for eligibility. It is acknowledged that different educational settings with different student populations will need to modify and adapt these guidelines to meet the needs and backgrounds of their student populations.

Recommendations for consumers are presented in Appendix A to assist them in finding and working with a qualified professional in regard to documentation.

Documentation Guidelines

I. Qualifications of the Evaluator

Professionals conducting assessments, rendering diagnoses of learning disabilities, and making recommendations for appropriate accommodations must be qualified to do so. Comprehensive training and direct experience with an adolescent and adult LD population is essential.

The name, title and professional credentials of the evaluator, including information about license or certification (e.g., licensed psychologist) as well as the area of specialization, employment and state/province in which the individual practices should be clearly stated in the documentation. For example, the following professionals would generally be considered qualified to evaluate specific learning disabilities provided that they have additional training and experience in the assessment of learning problems in adolescents and adults: clinical or educational psychologists, school psychologists, neuropsychologists, learning disabilities specialists, medical doctors, and other professionals. Use of diagnostic terminology indicating a learning disability by someone whose training and experience are not in these fields is not acceptable. It is of utmost importance that evaluators are sensitive and respectful of cultural and linguistic differences in adolescents and adults during the assessment process. It is not considered appropriate for professionals to evaluate members of their families. All reports should be on letterhead, typed, dated, signed and otherwise legible.

II. Documentation

The provision of all reasonable accommodations and services is based upon assessment of the impact of the student's disabilities on his or her academic performance at a given time in the student's life. Therefore, it is in the student's best interest to provide recent and appropriate documentation relevant to the student's learning environment.

Flexibility in accepting documentation is important, especially in settings with significant numbers of non-traditional students. In some instances, documentation may be outdated or inadequate in scope or content. It may not address the student's current level of functioning or need for accommodations because observed changes may have occurred in the student's performance since the previous assessment was conducted. In such cases, it may be appropriate to update the evaluation report. Since the purpose of the update is to determine the student's current need for accommodations, the update, conducted by a qualified professional, should include a rationale for ongoing services and accommodations.

III. Substantiation of the Learning Disability

Documentation should validate the need for services based on the individual's current level of functioning in the educational setting. A school plan such as an individualized education program (IEP) or a 504 plan is insufficient documentation, but it can be included as part of a more comprehensive assessment battery. A comprehensive assessment battery and the resulting diagnostic report should include a diagnostic interview, assessment of aptitude, academic achievement, information processing

and a diagnosis.

A. Diagnostic Interview

An evaluation report should include the summary of a comprehensive diagnostic interview. Learning disabilities are commonly manifested during childhood, but not always formally diagnosed. Relevant information regarding the student's academic history and learning processes in elementary, secondary and postsecondary education should be investigated. The diagnostician, using professional judgment as to which areas are relevant, should conduct a diagnostic interview which may include: a description of the presenting problem(s); developmental, medical, psychosocial and employment histories; family history (including primary language of the home and the student's current level of English fluency); and a discussion of dual diagnosis where indicated.

B. Assessment

The neuropsychological or psycho-educational evaluation for the diagnosis of a specific learning disability must provide clear and specific evidence that a learning disability does or does not exist. Assessment, and any resulting diagnosis, should consist of and be based on a comprehensive assessment battery which does not rely on any one test or subtest.

Evidence of a substantial limitation to learning or other major life activity must be provided. A list of commonly used tests is included in Appendix B. Minimally, the domains to be addressed must include the following:

1. Aptitude

A complete intellectual assessment with all subtests and standard scores reported.

2. Academic Achievement

A comprehensive academic achievement battery is essential with all subtests and standard scores reported for those subtests administered. The battery should include current levels of academic functioning in relevant areas such as reading (decoding and comprehension), mathematics, and oral and written language.

3. Information Processing

Specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perception/processing, processing speed, executive functioning and motor ability) should be assessed.

Other assessment measures such as non-standard measures and informal assessment procedures or observations may be helpful in determining performance across a variety of domains. Other formal assessment measures may be integrated with the above instruments to help determine a learning disability and differentiate it from co-existing neurological and/or psychiatric disorders (i.e., to establish a differential diagnosis). In addition to standardized tests, it is also very useful to include informal observations of the student during the test administration.

C. Specific Diagnosis

Individual "learning styles," "learning differences," "academic problems" and "test difficulty or anxiety," in and of themselves, do not constitute a learning disability. It is important to rule out alternative explanations for problems in learning such as emotional, attentional or motivational problems that may be interfering with learning but do not constitute a learning disability. The diagnostician is encouraged to use direct language in the diagnosis and documentation of a learning disability, avoiding the use of terms such as "suggests" or "is indicative of."

If the data indicate that a learning disability is not present, the evaluator should state that conclusion in the report.

D. Test Scores

Standard scores and/or percentiles should be provided for all normed measures. Grade equivalents are not useful unless standard scores and/or percentiles are also included. The data should logically reflect a substantial limitation to learning for which the student is requesting the accommodation. The particular profile of the student's strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations. The tests used should be reliable, valid and standardized for use with an adolescent/adult population. The test findings should document both the nature and severity of the learning disability. Informal inventories, surveys and direct observation by a qualified professional may be used in tandem with formal tests in order to further develop a clinical hypothesis.

E. Clinical Summary

A well-written diagnostic summary based on a comprehensive evaluation process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important elements that must be integrated by the evaluator with background information, observations of the client during the testing situation, and the current context. It is essential, therefore, that professional judgment be utilized in the development of a clinical summary. The clinical summary should include:

1. demonstration of the evaluator's having ruled out alternative explanations for academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attentional problems and cultural/language differences;

2. indication of how patterns in the student's cognitive ability, achievement and information processing reflect the presence of a learning disability;

3. indication of the substantial limitation to learning or other major life activity presented by the learning disability and the degree to which it impacts the individual in the learning context for which accommodations are being requested; and

4. indication as to why specific accommodations are needed and how the effects of the specific disability are accommodated.

The summary should also include any record of prior accommodation or auxiliary aids, including any information about specific conditions under which the accommodations were used (e.g., standardized testing, final exams, licensing or certification examinations).

IV. Recommendations for Accommodations

It is important to recognize that accommodation needs can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodation does not, in and of itself, warrant the provision of a similar accommodation.

The diagnostic report should include specific recommendations for accommodations as well as an explanation as to why each accommodation is recommended. The evaluators should describe the impact the diagnosed learning disability has on a specific major life activity as well as the degree of significance of this impact on the individual. The evaluator should support recommendations with specific test results or clinical observations.

If accommodations are not clearly identified in a diagnostic report, the disability service provider should seek clarification and, if necessary, more information. The final determination for providing appropriate and reasonable accommodations rests with the institution.

In instances where a request for accommodations is denied in a postsecondary institution, a written grievance or appeal procedure should be in place.

V. Confidentiality

The receiving institution has a responsibility to maintain confidentiality of the evaluation and may not release any part of the documentation without the student's informed and written consent.

APPENDIX A

Recommendations for Consumers

1. For assistance in finding a qualified professional:

* contact the disability services coordinator at the institution you attend or plan to attend to discuss documentation needs; and

* discuss your future plans with the disability services coordinator. If additional documentation is required, seek assistance in identifying a qualified professional.

2. In selecting a qualified professional:

* ask what his or her credentials are;

* ask what experience he or she has had working with adults with learning disabilities; and

* ask if he or she has ever worked with the service provider at your institution or with the agency to which you are sending material.

3. In working with the professional:

* take a copy of these guidelines to the professional;

* encourage him or her to clarify questions with the person who provided you with these guidelines;

* be prepared to be forthcoming, thorough and honest with requested information; and

* know that professionals must maintain confidentiality with respect to your records and testing information.

4. As follow-up to the assessment by the professional:

* request a written copy of the assessment report;

* request the opportunity to discuss the results and recommendations;

* request additional resources if you need them; and

* maintain a personal file of your records and reports.

APPENDIX B

Tests for Assessing Adolescents and Adults

When selecting a battery of tests, it is critical to consider the technical adequacy of instruments including their reliability, validity and standardization on an appropriate norm group. The professional judgment of an evaluator in choosing tests is important.

The following list is provided as a helpful resource, but it is not intended to be definitive or exhaustive.

Aptitude

* Wechsler Adult Intelligence Scale - Revised (WAIS-R)

* Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Cognitive Ability

* Kaufman Adolescent and Adult Intelligence Test

* Stanford-Binet Intelligence Scale (4th ed.)

The Slosson Intelligence Test - Revised and the Kaufman Brief Intelligence Test are primarily screening devices which are not comprehensive enough to provide the kinds of information necessary to make accommodation decisions.

Academic Achievement

* Scholastic Abilities Test for Adults (SATA)

* Stanford Test of Academic Skills

* Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Achievement

* Wechsler Individual Achievement Test (WIAT)

or specific achievement tests such as:

* Nelson-Denny Reading Skills Test

* Stanford Diagnostic Mathematics Test

* Test of Written Language - 3 (TOWL-3)

* Woodcock Reading Mastery Tests - Revised

Specific achievement tests are useful instruments when administered under standardized conditions and interpreted within the context of other diagnostic information. The Wide Range Achievement Test - 3 (WRAT-3) is not a comprehensive measure of achievement and therefore is not useful if used as the sole measure of achievement.

Information Processing

Acceptable instruments include the Detroit Tests of Learning Aptitude - 3 (DTLA-3), the Detroit Tests of Learning Aptitude - Adult (DTLA-A), information from subtests on WAIS-R, Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Cognitive Ability, as well as other relevant instruments.

Association on Higher Education and Disability

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Last modified: March 06, 1998